

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	<i>Bob</i>	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			5-4-68
RESPONSE FORMALITY REVIEW		108831	5-27-68

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

55-68

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-1-68
2	✓	✓	1-21-68
3	✓	✓	3-11-68
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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If more than 150 claims or 10 actions  
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